

**PARATRANSIT SERVICES:
APPLICATION FOR LICENSE**

RECEIVED

DATE: 12/12/25
INITIALS: [Signature]

APPLICATION DATE: 12/03/2025

PROPOSED DATE OPERATIONS WILL BEGIN: 12/22/2025

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Small Steps PPEC Corp.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

8734 Lee Vista Blvd, Suite 400
Orlando, Orange County, FL 32829

3. CONTACT INFORMATION: Business Phone (407) 982-3000

Mobile Phone (407) 982-3000

Email contact@smallstepspec.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: N/A

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Nathaniel Carret	8734 Lee Vista Blvd #400, Orlando	Owner/Financial Officer

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER

a. If other, please describe: N/A

SECTION II: REQUISITES TO OBTAINING LICENSE

RECEIVED

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: _____ NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

- Verifiable business or work references for 5 years, including one notarized letter of reference
- Five verifiable personal/business references, including two notarized letters of reference
- Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: _____ NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: _____ NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 1

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Nathaniel Carret	Y
Dillon Miranda	Y

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of one notarized letter of reference from list below is required.

Mold & Mitigation of Orlando, LLC

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Happy Kids PPEC/Lazaro Carrero	4756 NW 167 Street, Miami Gardens, FL 33014	(407) 801-2000
Cristina Oliveras, RN	620 Cresting Oak Cir, Orlando, FL 32824	(407) 694-5556
Bhumi Upadhyay, MD	4419 Bayshore Blvd NE, St. Petersburg, FL 33703	(727) 479-5559
Mariam Lau	9025 Notchwood Ct, Orlando, FL 32825	(407) 235-0068
Aleida Rivera	11525 Blackmoor Dr, Orlando, FL 32837	(407) 242-6780

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Michael Voss	1918 Woodward St, Orlando, FL 32803	(469) 887-0544
JP Morgan Chase, N.A.	14105 Lake Nona Blvd, Orlando, FL 32824	(407) 241-3830
Red Bag, LLC	P.O. Box 951, Gotha, FL 34734	(407) 808-3821
Orange County Utilities	9150 Curry Ford Rd, Orlando, FL 32825	(407) 836-5515
Spectrum Business	4145 S Falkenburg Rd, Riverview, FL 33578	(855) 222-0102



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.



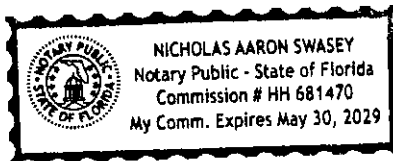
SIGNATURE OF APPLICANT OR REPRESENTATIVE

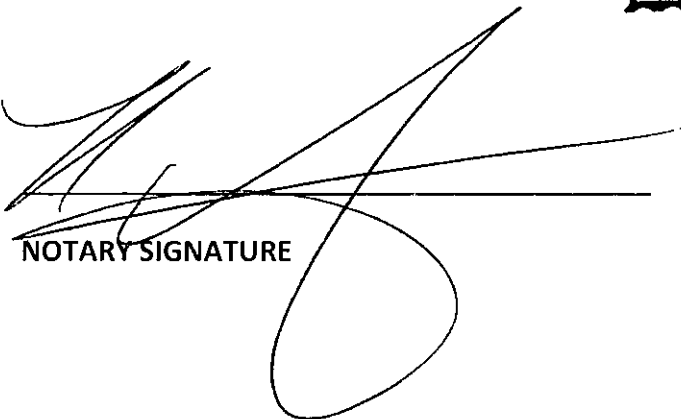
12/04/2025

DATE

12 / 4 / 2025

NOTARY SEAL





NOTARY SIGNATURE